

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K19469 (1)
1. Corporation Name
MONACO, SMITH, HOOD, PERKINS, LOUCKS & STOUT, P. A.

Principal Place of Business % DAVID A. MONACO P O BOX 15200 DAYTONA BEACH FL 32115	Mailing Address % DAVID A. MONACO P O BOX 15200 DAYTONA BEACH FL 32115
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 c/o William E. Loucks Suite, Apt. #, etc. 22 444 Seabreeze Blvd., #900 City & State 23 Daytona Beach, FL Zip 24 32118		2a. Mailing Address 26 c/o William E. Loucks Suite, Apt. #, etc. 27 P.O. Box 15200 City & State 28 Daytona Beach, FL Zip 29 32115		3. Date Incorporated or Qualified 03/24/1988	
				4. FEI Number 59-2880513	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	
9. Name and Address of Current Registered Agent MONACO, DAVID A. 444 SEABREEZE BLVD. SUITE 900 DAYTONA BEACH FL 32018			10. Name and Address of New Registered Agent 81 Name William E. Loucks 82 Street Address (P.O. Box Number is Not Acceptable) 444 Seabreeze Blvd. 83 Suite 900 84 City Daytona Beach FL 85 Zip Code 32118		

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE William E. Loucks **April 10, 1998**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MONACO, DAVID A. 444 SEABREEZE BLVD STE 900 DAYTONA BEACH FL ☒ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D/S/T Orfinger, Michael S. 444 Seabreeze Blvd., Suite 900 Daytona Beach, FL 32118 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HOOD, CHARLES DAVID JR 444 SEABREEZE BLVD STE 900 DAYTONA BEACH FL ☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D/V Selis, Scott A. 444 Seabreeze Blvd., Suite 900 Daytona Beach, FL 32118 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP PERKINS, TERENCE R. 444 SEABREEZE BLVD STE 900 DAYTONA BEACH FL ☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D/V Perkins, Terence R. 444 Seabreeze Blvd., Suite 900 Daytona Beach, FL 32118 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV STOUT, LARRY R 444 SEABREEZE BLVD STE 900 DAYTONA BEACH FL ☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LOUCKS, WILLIAM E 444 SEABREEZE BLVD STE 900 DAYTONA BCH. FL ☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D/P Loucks, William E. 444 Seabreeze Blvd., Suite 900 Daytona Beach, FL 32118 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SMITH, JR H 444 SEABREEZE BLVD., SUITE 900 DAYTONA BEACH FL ☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	D/V Smith, Jr., Horace 444 Seabreeze Blvd., Suite 900 Daytona Beach, FL 32118 ☒ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE William E. Loucks **William E. Loucks, President 4/10/98 904/254-6875**

CR2E034 (10/97)